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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 1259-2
	In re Application of John W. Polley	
	Application Number 09/973,298	Filed 10/9/01
	For ERGONOMIC SURGICAL FLOORMAT	
	Group Art Unit 1772	Examiner C.A. Simone

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|--|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 420.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,480.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,010.00 |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1121

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor

- | |
|---|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record. |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____. |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

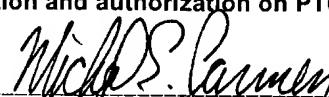
March 22, 2004

Date

03/25/2004 MBIZUNES 00000068 09973298

01 FC:2252

210.00 OP



Signature

Michael E. Carmen

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on.

Dated: March 22, 2004



Helene Harrison